THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, OCTOBER 6, 1883.

Original.

EXTENSIVE COMMINUTED FRACTURE OF CALVARIUM,

With Concussion and Contusion—Recovery.

BY W. M. FUQUA, M. D.

On the 19th of July last I was called to visit Mr. D. H., aged about fifty, in consultation with Dr. Jackson, of Crofton. The patient had received a severe blow on the right side of his head, from a hoe in the hands of a strong, athletic man, the eye of the hoe and lower portion of the helve impinging upon the right parietal and posterior portion of the right lateral half of the frontal bone, crushing in a surface of not less than four square inches, the largest portion of which comprised the parietal bone, and the superior edge of the fracture extending just to the sagittal suture. When I saw him, fifty-three hours had elapsed since he had received the injury, he was in a comatose state, with but little motion or sensation, left side completely hemiplegic, pupils widely dilated, respiration, fourteen, pulse, fifty; skin cool, had nausea and vomiting, with involuntary discharge of feces and urine. To all appearances the man was doomed, yet we determined at once to relieve the brain from compression, and give him the only chance for life, which was done by a crucial incision ample in length to thoroughly expose this immense fractured surface. The comminuted bone was loosed from its attachments and carefully removed, leaving bare an interspace of more than four square inches, but happily, the dura mater was at no point pierced or cut through, but was bruised, bleeding, and blackened, and the encephalon indented. Here we had not only concussion and compression, but great contusion of brain substance, which added greatly to the complication. After the bleeding ceased, which was copious, the wound was carefully and accurately adjusted with sutures, a light compress was applied over the wound and was held in place by bandages, all of which were kept wet with a carbolic-acid solution. After the operation the patient answered simple questions and recognized his precarious condition. Motion and sensation partially returned, and respiration and circulation were good. He was directed to take a brisk cathartic with liberal doses of bromide of potassium. I saw this patient no more; but Dr. Jackson, who was in constant attendance upon him, informs me that from the date of the operation nothing occurred out of the usual line, except an attack of acute diarrhea, which came near being fatal.

The wound speedily healed, and has given him little or no trouble, his mental and physical condition improving continuously. At this writing, August 30th, the patient is perfectly well, with the exception of slight paralysis of his left side, from which he is slowly recovering. He has had no convulsions up to this time.

Remarks: This case is simply worthy of record from the fact that a large artificial fontanelle had been produced, and that the patient should have recovered after so great a contusion of brain surface, which is contrary to what we should expect from experience gathered in the post-mortem rooms of great hospitals, as well as in private practice. We think it a just inference that the remaining paralysis is due to extravasation of blood within the encephalon. It is rare, indeed, that concussion alone produces death, and when death results a post-mortem reveals lesions within the encephalon hitherto unsuspected.

Without prompt relief of the compression by operative means, concussion may be prolonged, and if relief be not had at an early

hour, our patient is in great danger from organic changes of the encephalon, especially encephalitis, which may soon result in abscess; and it is especially important to establish drainage whereby the products of inflammatory action may be drawn off. The external or scalp wound should be kept patent so that the dura mater may be seen from time to time, which should be pierced if requisite, with the cerebral substance also.

HOPKINSVILLE, KY.

THE DRY TREATMENT OF CHRONIC PURULENT INFLAMMATION OF THE MIDDLE-EAR.

BY L. S. OPPENHEIMER, M. D.

It is evidently an unsettled question, judging from the controversy between eminent otologists, which is the better treatment for chronic otorrhea, the so called "moist" or the "dry" method.

Although I am no otologist, quite a number of cases of otorrhea have fallen to my lot. I have for the past two years employed only the dry treatment, and I wish to add my testimony to the paper of Dr. Burnett (Am. Jour. of the Medical Sciences, Jan., 1883,) on this subject.

The most of my patients were children under twelve years of age, in whom the disease had existed from three to eight years. The ear trouble was traceable in nearly every instance to some eruptive disease or to simple throat disorders. In three cases both tympani were perforated. In one of these the membrane seemed entirely gone. Two had severe granulations, one of these was in an adult. The ears of seven bled at the slightest touch with absorbent cotton.

The treatment lasted from two to four weeks. In one case a slight return of the discharge was noticed one month after, and in another two months after discontinuing treatment. Two or three more applications sufficed for a permanent cure.

I first used the dry treatment of *otitis media purulenta* in 1875, while I was one of the house-physicians in the Louisville City Hospital. Salicylic acid was used by insufflation in two severe cases occurring in adults, and resulted in rapid improvement in both.

I have failed to obtain even the most carefully applied moist treatment with such quick and satisfactory results.

Although there is nothing new nor original in the method which I follow in this treatment, it will be nothing amiss to many of the readers of the NEWS to briefly describe it.

The ear is first thoroughly cleansed by means of a syringe and warm water; it is then carefully dried and the powder insufflated, or applied on a piece of cotton through the speculum, the cotton being allowed to remain for twenty-four hours. The cotton absorbs the fluids and prevents them from again irritating the external ear. The powder may be insufflated through a goose-quill, care being taken to apply it to all parts of the cavity. The above is repeated daily for a few days, then on alternate days, then once a week for a week or two. The syringe is not required after the first two or three days.

I have never been annoyed by the powders leaving any troublesome irritating mass behind, which sometimes occurs, according to Dr. St. John Roosa. (New York Medical Journal, May, 1883.)

Why such an eminent otologist as Dr. Roosa should find so many more advantages in the moist than in the dry treatment is explainable by his superior skill and experience in this one direction. My own experience, limited though it be, has decided me positively in the use of the dry methods.

Dr. Burnett has most ably given the reasons for such preference in the paper referred to above.

The agents which I employ in nearly all cases are iodoform and salicylic acid, the latter being applied daily whenever granulations exist, a few days after iodoform is substituted. It is of importance that absorbent cotton be inserted after each application, and removed the following day. It is also a good practice to use the Politzer air-bag once or twice a week during the treatment, as it helps to dislodge inspissated pus, tenacious mucus, etc.

In brief, then, thorough cleansing before each application, insufflation of dry powders, and keeping the parts as dry as possible between the periods of treatment, will, I think, cure nearly if not quite all of these cases in a much shorter time than any other kind of treatment.

SEYMOUR, IND.

Miscellany.

CHILD-ACROBATS.—The police court has lately made public several instances of revolting cruelty suffered by little children in the course of their training for performance as acrobats. (The British Medical Journal.) It appears that, in the present stage of our civilization, the supply of acrobats is a steady public demand, and that many British children of very tender years are regularly devoted to the acrobatic business, to be systematically trained, while their limbs and joints are yielding, by a long process of painful exercises enforced by punishment and privation, for the gratification of a debased public taste by their performances as "human serpents," tumblers, and contortionists. Mr. Charles Mylne Barker, who acted as honorary solicitor in the proceedings taken some time ago by Mr. Littler, Q.C., and his friends, regarding a number of young English children found living in slavery, or *quasi*-slavery, at Constantinople, writes to the Times to express his disappointment that a short act of Parliament has not been passed during the recent session, making it illegal for any infant child of twelve years of age or under to be apprenticed to any trade or business without the consent of a magistrate. Mr. Baker states that, with the assistance of the authorities of the Criminal Investigation Department, he had made several inquiries as to the manner in which infant children being trained as acrobats were treated when out of the jurisdiction of English courts; and it was found that in many instances the treatment was harsh in the extreme, especially when the children did not take kindly to their calling; and it was believed that a child was actually killed in Spain, its back having been broken by the cruel treatment to which it was subjected. Mr. Barker thinks that some philanthropic member of Parliament, at a time when so much public sympathy is expended on the sufferings of pigeons, might have carried through a short bill such as he has indicated.

THE FOLLOWING MARVELOUS CASE is reported by Professor Rosenstein (Phy. and Surg.; The Weekly Medical Review): A nine-year-old boy, for five weeks, had been seized every now and then with peculiar convulsions accompanied by loss of consciousness. The convulsions would terminate with the passage of fecal masses from the mouth. In the intervals the boy would seem quite well. The pieces of feces were usually from 1.7 to three centimeters long. In one instance, however, a piece eighteen centimeters long was taken from the mouth. A clyster colored with alcanum was given, and subsequently the feces passed from both mouth and rectum were colored dark blue. Generally the fecal vomiting occurred at the close of one of the convulsive attacks. Sometimes there would be a stool simultaneously with the vomiting. Under the use of large doses of potassium bromide the attacks became less and less frequent. Prof. Rosenstein thinks that under the influence of a neurosis, resembling tetanus, there would be, during these seizures, a spasmodic stricture of the intestine, and from this stricture there would pass down and up, through the walls of the alimentary canal, a peristaltic and an antiperistaltic wave.

Ol. Eucalypti has been added to the U. S. Pharmacopeia, and as an antiseptic and in bronchitis by inhalation has attracted much attention.

Convallamarin acts similarly to digitalin, and seems likely to prove a useful agent in cardiac derangements.

The *Fluid Extract of Ergot* prepared by this firm is a perfect preparation. We have never found cause to complain of it.

RECOVERY AFTER THE PASSAGE OF A RAMROD THROUGH THE BRAIN.—Dr. G. Fisher reports an instance of recovery after severe injury to the brain, which recalls the well-known case of Dr. Harlow, of Vermont, in which a tamping-iron was forced through the head by a premature explosion. (*Centralbl. für Klin. Med.*) In this case, an iron ramrod was discharged during the loading of a gun. It entered the back to the right of the fourth dorsal vertebra, passed upward along the ribs, and through the muscles of the neck, and forced a passage through the skull and the brain, projecting out nearly twelve inches from the left side of the head. An incision was made in the neck, and the ramrod was forced back by a hammer and extracted through the wound thus made. The patient recovered, but lost the sight in the right eye. A ramrod being propelled in the same direction through a dead body, it was found that in its course through the neck no important nerves or vessels were injured. The instrument passed through the right optic foramen, tore the optic nerve, and passed through the fissure between the frontal lobes. The destruction of brain-substance in this region was only a little over an inch in extent, and was confined to the anterior portion of the left frontal convolution. According to our present knowledge, such an injury should cause no motor or sensory disturbances. The author apprehended the appearance in time of insanity as the result of the accident.—*The Medical Record.*

LACTOPEPTINE.—This substance the dyspeptic should never be without. As an assistant to feeble digestion, and as a corrective when too much food or some indigestible article of diet has been taken, it is invaluable. This remedy is prepared by the New York Pharmaceutical Association.

LOCOMOTOR ATAXIA AND SYPHILIS.—So much has been said from time to time as to the causative relation between syphilis and locomotor ataxia, that it is well to look at the views entertained on the subject. (Med. and Surg. Rep.) There are many who hold that syphilis is a very common cause of locomotor ataxia. We now learn that French opinion is divided on the subject; in Germany the weight of opinion is in favor of a relationship, and in England the same view is gaining ground.

TAFEL BROTHERS are unsurpassed in skill and faithfulness in all matters pertaining to their trade. It is unnecessary to send abroad for instruments or any of the appliances of the surgeon or physician or obstetrician, when we have such artisans at home. Politeness, promptness, and skill are their characteristics.

RISE OF BODILY TEMPERATURE AFTER SIMPLE FRACTURES. — Dr. Grundler has been making a series of thermometric observations in patients suffering from uncomplicated fractures, and found, in every case but one of those examined, a rise of from 2° to 4° F. above the normal. The degree of fever is in proportion to the size of the broken bone, and to the degree of extravasation. The highest temperature observed (102.5°) was in a case of fractured femur, and the lowest (100.5°) in fracture of the forearm. The rise began on the evening of the first day, and reached its highest point on the evening of the second to the fourth day.—*Centralblatt für Chirurgie.*

VIDAL regards capsicum as the best remedy in piles. He prescribes three or four three-grain pills daily, half at breakfast-time and half at supper-time. Under its influence congestion and all the painful symptoms which accompany it are said to disappear rapidly.

THE CINCINNATI SANITARIUM, a private hospital for the insane, at College Hill, O., has been in successful operation for ten years. Its learned superintendent, Dr. Orpheus Evarts, secures to his patients every comfort and all things conducive to their cure. Victims of opium and alcohol are treated at this institution. We recommend Dr. Evarts and his Sanitarium to our readers.

DEATH OF LOUISE LATEAU.—The death is announced of Louise Lateau, the Belgian stigmatisée, of Bois d'Haine. She was thirty-three years and seven months of age at the

time of her death. Her case excited considerable interest at one time; she was subjected to numerous medical investigations. Virchow, it is said, was asked to see her, but was unable to do so. On every Friday, it was said, she fell into a state of ecstasy, and blood flowed from the stigmata in her hands and feet.—*Medical Record.*

DEATH FROM PASSION.—Cases in which death results from the physical excitement consequent on mental passion are not uncommon. A recent instance has recalled attention to the matter. (Lancet.) Unfortunately those persons who are prone to sudden and overwhelming outbursts of ill-temper do not, as a rule, recognize their propensity or realize the perils to which it exposes them; while the stupid idea that such deaths as occur in passion, and which are directly caused by it, ought to be ascribed to "the visitation of God," tends to divert attention from the common-sense lesson which such deaths should teach. It is most unwise to allow the mind to excite the brain and body to such an extent as to endanger life itself. We do not sufficiently appreciate the need and value of mental discipline as a corrective of bad habits and a preventive of disturbances by which happiness and life itself are too often jeopardized.

PROLONGED SUSPENSION OF VITALITY FOLLOWING THE HYPODERMIC INJECTION OF MORPHIA AND ATROPIA.—Dr. Alexander reports the case of a woman, thirty-seven years of age, upon whom an operation had been performed for the removal of the left ovary. At noon, four days after the operation, she became very excited, and disturbed the dressings of the wound, so twelve minims of the hospital solution of morphia and atropine were injected. This represented three fifths of a grain of morphia and one fortieth of a grain of atropine. At one o'clock she became livid, and a nurse injected another five minims of the solution before the house-surgeon arrived. When he came he injected ammonia, gave brandy enemata, used artificial respiration, and applied electricity without effect. At 4 P.M. the nurse was laying the woman out, but Dr. Alexander came in and determined to proceed with artificial respiration, galvanism, and frictions. Up to 5.30 P.M. only a spasmodic breath every quarter of an hour, and a feeble beat of the pulse every now and then could be detected. At 7 P.M. a nurse poured some coffee into the patient's mouth, and she suddenly fell back as if dead, but by turning her over on her side she was made to vomit. By nine o'clock the respirations were beginning to be more frequent and the pulse stronger; she soon became conscious after this, and recovered perfectly.—*Boston Medical and Surgical Journal.*

FETID FEET.—M. Vieusse says that excessive sweating of the feet, accompanied by pain and fetidity, can be quickly cured by frictions carefully conducted with the subnitrate of bismuth. In the *Gaz. Hebd.*, July 27th, he states that he has never seen any bad results follow the suppression of the sweating.—*Med. and Surg. Rep.*

CRANIAL CAPACITY OF THE INSANE.—Dr. Amadei (*Riv. Sper. di Fren. e di Med. Leg.*) has examined four hundred and seventy-five skulls of persons who died insane. The result of his investigations is that the cubic capacity of the cranium is greater in the insane than in the sane.—*Medical and Surgical Reporter.*

TO DISGUISE THE TASTE OF MEDICINES.—Bitter and nauseous salines are best taken simply diluted with iced water. A mouthful or two of iced water, before and after the dose, to blunt the sense of taste, the dose taken between them in a wineglassful of iced water, renders such medication easy to most persons.—*Squibb's Ephemeris.*

IN HER ONE HUNDRED AND TWENTY-THIRD YEAR.—The Paris *Temps* asserts that there is a woman, Marie Durand, living in Auberire-en-Royans, in the department of the Isère, who was born March 18, 1761, and is consequently in her one hundred and twenty-third year. She was married December, 1783, and has been a widow for ninety-six years.

The Louisville Medical News.

Vol. XVI. SATURDAY, OCT. 6, 1883. No. 14.

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H. A. COTTELL, M.D., - - - - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

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A NOVEL METHOD OF BLEEDING.

Under this heading the British Medical Journal of September 15th notes the relief of a case of cerebral congestion through blood-letting by means of a most clever device. The patient, a fat, plethoric lady, fifty years of age, came under the charge of Charles Coppinger, F.R.C.S.I., and at the time of the surgeon's visit was in a condition of stupor, out of which she could be roused with some effort, but only to relapse into sleep again. Her breathing was heavy, and she presented all the symptoms characteristic of an overloaded vascular system. The indications for treatment were plain, and, leeches not being obtainable, depletion by means of venesection was proposed. The friends of the patient, who were ladies, gave their consent, but were horrified at the suggestion of so barbarous a proceeding, and Mr. Coppinger, anxious to spare them the sight of blood, then and there conceived the idea of substituting the aspirator for the lancet. The patient, who had not long before been treated for hemicrania by hypodermic injections of morphia, was roused up and told that the needle was about to be "inserted into the skin of her neck, to which she at once consented." The needle of the aspirator was then passed into the external jugular vein, which was much distended, and four ounces of blood were withdrawn without difficulty.

The result of this trial being satisfactory, the surgeon repeated the operation in the course of a half hour, abstracting six ounces more of blood. The patient was speedily relieved of her alarming symptoms, and neither she nor her attendants suspected that she had been bled, until the procedure was subsequently explained to them.

Standing as he does upon the eve of a revival of the time-honored and much-abused practice of blood-letting, the physician will thank Mr. Coppinger for this happy thought, since it reduces to decency and order a formerly unsightly therapeutic measure.

The advantages to be gained by this device are numerous and important, among which may be noted, the easy and almost painless introduction of the needle, the certainty of obtaining the desired amount of blood when the *vis a tergo* is inadequate to the emptying of the vein, and the avoidance of accidents, only too frequent in the days of popular venesection, such as the opening of subjacent arteries, the clipping of neighboring nerves, and the entrance of air into the circulation. These, with its applicability to almost any case in which the lancet might otherwise be required, are large counts in its favor, and we are confident that Mr. Coppinger's experiment will greatly facilitate the re-introduction of a too long neglected means for successfully dealing with many serious pathological conditions.

Bleeding the patient into his own vessels (*a la* Fothergill) and the local abstraction of blood will doubtless continue their good uses and admit of a wide range of application in the treatment of disease; but, if we read the times aright, the aspirator is the only substitute for the lancet which is likely to hold its own in the practice of the future.

THE Association of German Physicians and Naturalists held its fifty-sixth annual session at Freiburg, in September.

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A Compend of Chemistry. By G. MASON WARD, M. D., Demonstrator of Chemistry in Jefferson Medical College. With Table of Elements. Philadelphia: P. Blakiston, Son & Co. 1883.

A Compend on Materia Medica and Therapeutics, with especial reference to the Physiological Action of Drugs. For the use of Medical, Dental, and Pharmaceutical Students and Practitioners. Based on the sixth revision of the U. S. Pharmacopeia, and including many unofficinal remedies. By SAMUEL O. L. POTTER, M. A., M. D., Acting Assistant Surgeon, U. S. A., author of "An Index on Comparative Therapeutics," etc. Philadelphia: P. Blakiston, Son & Co. 1883.

A Compend of Surgery. For Students and Physicians. By ORVILLE HORWITZ, B. S., M. D. With fifty illustrations. Philadelphia: P. Blakiston, Son & Co. 1883.

These three compends are but parts of a series of nine works embracing, besides the subjects above named, Anatomy, Physiology, Practice (parts 1 and 2), Obstetrics, and Visceral Anatomy. Price, $1.00 per volume.

Though belonging to a class of literature by no means popular with the advocates of thoroughgoing means and a full allotment of time for the making of doctors, we are not sure that they may not be considered as a necessity of the times, and a natural outgrowth of our present system of medical education. Their value, when carefully prepared, to the advanced student and the practitioner, in refreshing the memory upon points already systematically studied, can not be denied, and to all such we recommend the three volumes which we have seen as unusually good specimens of this kind of medical literature.

A Pocket Book of Physical Diagnosis of the Diseases of the Heart and Lungs. For the Student and Physician. By Dr. EDWARD T. BRUEN, Demonstrator of Clinical Medicine in the University of Pennsylvania and Assistant Physician to University Hospital, etc., Second edition, revised, with additional illustrations. Philadelphia: P. Blakiston, Son & Co. 1883.

Not more than a year ago this work was fresh from the press, and though not above criticism in minor particulars, it attained a popularity which soon exhausted the first edition. We are glad to note that the second edition has been prepared with more care, receiving such additional cuts as were necessary to a proper illustration of the more important conditions described, and a careful revision of the text. The work fully deserves the favor which it has received from the profession.

The practitioner who makes it the companion of his rides will find in it a ready help in solving many a difficult problem of diagnosis. It is true that the more elaborate treatises on this subject contain all and very much more than may be found in Dr. Bruen's book; but these works are too large to serve as pocket manuals, and for this reason are often out of reach when, to say the least, it would be convenient to have them at hand. The usefulness of this work will be fully attested by many a country practitioner, who, driving all day long, and often all night too, on his professional rounds, and finding little or no time for reading, can gain many a valuable practical point from it with no little addition of comfort as he pursues his solitary way.

Training-Schools for Nurses, with Notes on Twenty-two Schools. By W. G. THOMPSON, M. D. New York: G. P. Putnam's Sons. 1883.

This is a most interesting monograph, in which the past history of the trained nursing system, its present status, the schools which foster and encourage it, the blessings conferred by it upon the sick, and the benefits derived from it by a class of estimable women who follow the calling, receive full justice at the author's hands.

Any doctor, who is at all interested in eliminating from the sick room that meddlesome old ignoramus traditionally called "the nurse," and in substituting for her a woman trained in the management of the sick, who may be expected to religiously carry out his orders, will find this book to his taste.

The Roller Bandage. By WILLIAM BARTON HOPKINS, M. D., Surgeon to the Out Departments of Pennsylvania, Episcopal, and University Hospitals, Assistant Demonstrator of Surgery in the University of Pennsylvania, etc. With seventy-three illustrations. Philadelphia: J. B. Lippincott & Co. 1883.

This is a very clear and satisfactory treatise on the subject of bandaging. The text is framed without waste of words, and the illustrations are excellent. As a text-book for the student and a guide to the practitioner in a most important department of professional work, it is destined to do good service.

The Essentials of Pathology. By D. Tod Gilliam, M. D., Professor of Physiology, Starling Medical College, formerly Professor of General Pathology, Columbus Medical College. Philadelphia: P. Blakiston, Son & Co. 1883.

This unpretentious little book embodies a clever attempt to popularize the study of systematic pathology; and in view of the difficulties attending the investigation of this subject, and consequent temptation to the student of medicine and practitioner alike to slight it, this effort of Dr. Gilliam is especially praiseworthy. It can not of course take the place of any of the more elaborate treatises devoted to pathology; but the student will find in it enough said upon each subject to give him a fair understanding of its rudiments and to stimulate in him a desire for the further investigation of it. We heartily recommend the work to our readers and students.

Selections.

Wood-wool, a New Surgical Dressing. Excerpt from the Medical Press:

In Germany the reign of carbolic acid is over, and corrosive sublimate, or sublimate as it is there called, reigns in its stead. Many substances impregnated with sublimate, such as glass-wool, ashes, sand, etc., have been employed as attempts at permanent dressings with greater or less success. Something has still been wanting, something that will absorb a large quantity of discharges, and at the same time remain aseptic. Professor Bruns' (Tübingen) wood-wool (holzwolla) is finely ground wood, such as is used in the manufacture of paper. It is clean looking, delicate fibered, soft, yellowish-white, having an odor of fresh wood, and absorbs immensely.

The wood-wool possessing the highest absorbent properties is obtained from the *Pinus picea*. It is passed through a sieve, dried and impregnated with a solution of half per cent of sublimate and ten per cent of glycerine. It is extraordinarily cheap. It is exceedingly elastic even in thin layers, so that bandages can be put on more lightly with this than with any other dressing. It takes up twelve times its weight of water.

Dr. Bruns claims that high absorbent qualities in surgical dressings are of vast importance, "as primary wound healing takes place the more readily the more completely the discharges are conducted from the wound—the dryer the wound and its vicinity are kept—as it is under these circumstances that decomposition processes are most securely excluded. If the dressing has absorbed the secretions of the first few days, the evaporation and drying up of the contained moisture should be permitted; then, as the discharge from the wound diminishes, the dressing, now dry, can remain a considerable time as a permanent one. With this object in view, it is indispensable to omit the occlusive layer of the typical Listerian dressing, as the drying of the dressing is prevented by it. With the same object in view I prefer the covering of the wound with glass-wool in place of the protective, as under this the suture line is of necessity kept moist."

In his own clinic the mode of dressing is exceedingly simple. After the wound has been disinfected by copious irrigation with a one-per-cent (.1 per cent?) solution of sublimate, and the drainage-tubes have been placed in, the suture line is covered with a layer of glass-wool. Upon this is placed a sufficient quantity of wood-wool either simply wrapped in sublimate gauze or sewn up in the form of a pillow. The latter form is preferred for hospital use. He considers it best then, first to place on the wound a small pillow, then a larger one that will widely overlap this in all directions. These are to be fastened on with a firm binder. He summarizes the results obtained by him with this dressing between the dates November 1, 1882, to March 15, 1883: One hundred and eighty considerable operations and wounds were treated with sublimate antiseptics, the majority with wood-wool. In the case of those treated with wood-wool the first dressing, with few exceptions, remained from one to four weeks untouched. Occasionally patches of moisture were visible on the dressing on the earlier days, but within a short time these became dry and remained so, and when the dressings were changed the wounds without exception were absolutely dry and free from irritation. With the exception of one case of erysipelas no complication was observed throughout.

The Growth of the Heart. — The *Hamburger Nachrichten* has recorded the observations made on the above subject by the late Dr. Benecke, of Marburg. According to these investigations the greatest and most rapid growth of the heart takes place during the first and second years of human life. (Lancet.) By the end of the second

year its bulk is said to be exactly double what it originally was. Between the second and seventh year it is again almost doubled. A slower rate of growth now sets in until about the fifteenth year, the augmentation of volume during the intervening seven or eight years being only about two thirds. In the period of maturity which now approaches the growth of the heart again makes progress, the increase keeping pace with the advance towards maturity of the other portions of the system. Thus, as compared with its size at the age of fifteen, two thirds have been added by the age of twenty. After the twentieth year the rate of development again becomes slower, but an increase in volume is perceptible up to the fiftieth year. The annual gain in bulk during that period is supposed to be about .061 of a cubic inch, and the maximum volume thus attained is estimated at from sixteen to seventeen cubic inches. Growth ceases after the fiftieth year is passed, and a slight diminution in the size of the heart ensues. This is regarded as a part of the general effects of approaching old age. As to the comparative size of the heart in males and females, it is stated that in childhood there is no difference of any note. When maturity sets in the male heart develops more than that of the female, and the difference of one and a half to two cubic inches thus established is said to be maintained throughout the remainder of life.

IRON AND ARSENIC IN ANEMIA AND CHLOROSIS.—A paper in the Practitioner (July and August, 1883), by Dr. Willcocks, presents an interesting clinical and pathological study of the blood in these diseases, illustrated by a large number of cases. He is led to the following among other conclusions:

In severe anemia either the power of corpuscle formation is almost entirely abolished or young corpuscles, if formed, have little or no power to absorb hemoglobin, and consequently do not reach their full development. The comparatively large size which the hematoblasts attain without the absorption of any appreciable quantity of coloring matter would go far to show that the embryonic corpuscles are more or less abortive. Iron in these cases is useless beyond a certain point, the existing corpuscles being already overcharged with hemoglobin. These facts forcibly bear out the hypothesis enunciated at an earlier page as to the probable hematinic action of iron, namely, that it possesses no power of directly stimulating the formation of new corpuscles by any influence on the cytogenic organs, but that it improves the hemoglobin richness of already existing corpuscles, which are added to the blood by the normal processes, and consequently by improving their physiological value and vitality it indirectly increases their number. Therefore, in cases like those under consideration, where the natural power of sanguification is greatly reduced or almost abolished, iron has little or no beneficial effect, since either very few new forms are produced, or even if they are added to the blood they have little or no capacity to absorb hemoglobin and to develop into adult corpuscles.

Chlorosis is in striking contrast to the most severe forms of anemia both as regards its blood lesion and its response to iron treatment. In chlorosis the supply of young, feebly-colored corpuscles is abundant, and the number of red disks per cubic millimeter may fall in many cases but slightly below normal. The average hemoglobin richness per corpuscle is greatly reduced, and the curative effect of iron is very rapid. A low average hemoglobin value per corpuscle is not, however, peculiar to chlorosis, but is present in the large majority of anemic cases from all causes. It indicates that feebly colored or young elements are being continually added to the blood, or, in other words, that the normal process of globule regeneration is active, the numerical rise preceding the rise in the physiological value of the elements. It is in these cases that iron is indicated. Arsenic was given in two cases of chlorosis, but it had no influence either in preventing relapse on the cessation of iron or in improving the number or value of the red corpuscles (case I and case IV). On the other hand, in the most intense forms of anemia, with great diminution in the number of the corpuscles, and a high relative hemoglobin value, iron is practically useless, or even harmful, while arsenic, as we see in the case of Caroline F., may produce a considerable rise in the number of the corpuscles, as well as great improvement in the general symptoms.—*Boston Med. and Surg. Journal.*

NEW TEST FOR ALBUMEN IN URINE.—Arthur R. Haslam writes to the Chemical News as follows: While recently engaged in some experiments, I had occasion to add a solution of chloride of iron to a diluted so-

lution of albumen into which, some time previously, a small quantity of chloride of sodium had been thrown. The result was the formation of a dense opaque white precipitate. This precipitate, when well washed and dried, still contained iron, from which circumstance I should suppose it to be a compound of albumen and iron. I have experimented on this reaction as a test for albumen, especially for that form which it assumes in urine, and it appears certain in its results, and has some advantages in its favor over the old nitric-acid test, being much more delicate. After a series of experiments, I have adopted the following method of using the test: A portion of the urine supposed to contain albumen is poured into a test-tube, and a few drops of a solution of chloride of sodium added and well mixed; then a solution of chloride of iron is carefully poured down the tube, forming a layer. If the appearance of a whitish cone be noticed, albumen is present. If phosphates are present in the urine, care must be taken to add (before using the test) sufficient acetic acid to make the urine acid. —*Canada Lancet.*

[It is important in this connection to ask whether Mr. Haslam used the muriated tincture of iron, or an aqueous solution, since the alcohol present in the former would throw down a precipitate in almost any specimen of urine whether albumen was present or not. Chloride of sodium in saturated solution, slightly acidulated with muriatic acid, is in itself an excellent test for albumen.]

CHLOROFORM DURING LABOR.—Thos. D. Savill, M.D. (British Medical Journal), believes that, with the following precautions, the use of chloroform in labor is perfectly justifiable.

1. There are certain women who have a tendency to flood at every confinement, and others in whom there seems an already too great relaxation of fiber— weak anemic females in their eighth or tenth confinement; and to these it would be unadvisable to give chloroform, except for necessity. Happily, it is not these women who suffer the most pain, but rather those strong, healthy primiparæ, whose pelvis and genital build approximate the masculine type.

2. We should not give it when labor is complicated with severe vomiting, or with acute disease of the heart or lung, unless there be imperative call for it.

3. It should not be given to the full extent, except for operation, convulsions, or spasm of the cervix, and then it is necessary that one person should devote his entire attention to it.

4. The inhalation should be stopped as soon as we find the pulse becoming very weak, or the respiration irregular.

5. Any symptom suggesting a fatty or enfeebled cardiac wall should make us cautious in the use of chloroform. Here, as in cases other than those of labor, it is not the most extensive valvular disease (so long as it be attended by compensating hypertrophy) but the atrophied or degenerate wall that constitutes the source of danger. Unfortunately, the signs of these conditions are subtle and uncertain; but a fatty heart may be suspected when there is a very feeble cardiac impulse, combined with an almost inaudible first sound; or attacks of dyspnea, vertigo and syncope in the absence of anemia or valvular lesion; or the copious deposit of fat in other parts of the body, and the occurrence of dropsy without adequate cause. A dilated heart may be suspected by an increased area of precordial dullness, combined epigastric and venous pulsation, and a want of correspondence between the violence of the cardiac impulse and the strength of the pulse. Pericardial adhesions also form a great source of danger. They may be suspected when the heart's apex is fixed above its normal position and does not shift with respiration, or when there is depression instead of protrusion of the intercostal spaces over the position of the apex, giving a wavy character to the cardiac impulse.

6. In all cases we should take extra care to prevent the occurrence of hemorrhage after birth, by giving a full dose of ergot in a little warm water when the head reaches the perineum, by stopping the chloroform the instant it is born, and by rousing the patient from her lethargy as soon as possible.

POST-MORTEM DIFFUSION OF ARSENIC FROM STOMACH AND RECTUM.—There has always been a difference of opinion among experts as to whether arsenic, thrown into the rectum and stomach after death, as by an undertaker as a preservative, would so diffuse itself as to be found in all the tissues the same as though the arsenic had been administered during life. At a recent trial in Michigan, six experts were equally divided on this question, including one well-known chemist on each side. To settle the matter, a series of experiments were undertaken by Dr. Vaughan and Mr. Dawson, which are report-

ed in the Jour. Am. Med. As. The experiments were made on a musk-rat, a cat, and a human cadaver. As the two former amply sustain the results obtained in the latter, we will not refer to them. An unweighed quantity of arsenious oxide was suspended in water and injected, with a common bulb-syringe, into the mouth and rectum of the cadaver, which was then laid away in a dry cellar for twenty-five days. At that time various parts were removed and tested, with the following results, expressed in per cent by weight of As_2O_3: Left kidney, .00782; liver, .00961; lower lobe of right lung, .04376; heart, .00594; transverse colon, .03128; rectum 7.5000; spleen, .00947; stomach, .70405; brain, .00030. From these experiments it appears that arsenic, when thus injected post-mortem, will become as widely diffused throughout the body as when administered during life. If, therefore, in a case of suspected poisoning, arsenic has been used as an embalming fluid, all chemical results will be nugatory. As a part of these experiments were made under the direct supervision of Prof. Kedzie, of the Michigan Agricultural College, they may be accepted as conclusive.

THE RELATIONS BETWEEN GLYCOSURIA AND DIABETES AND THE DIFFERENT FORMS OF MALARIAL FEVER.—The London Med. Record, July 15, 1883, says that Dr. E. Calmette records his observations made in the malarial district around Tunis. These relate, (1) To forty-one cases of remittent or intermittent fever, in five of which there was a transitory presence of sugar in the urine; (2) to fifty-five cases with jaundice and subconjunctival extravasation of blood. In several of these a transitory albuminuria was seen, but no sugar in the urine. The patients of both categories, several months afterward, passed urine without either sugar or albumen, but with a considerable quantity of phosphates and oxalate of lime. Among the natives diabetes is very frequently met with in those who had suffered from malarial fevers. The same is not observed among the population in towns, a circumstance which M. Calmette attributes to a relation between malaria and oxaluria, the separation of sugar or oxalic acid depending upon a disturbance of the glycogenic function of the liver.

A CASE of malignant goitre is reported by Chauncy Puzey, M.R.C.S., in the British Medical Journal.

LIQUID OXYGEN AND NITROGEN.—We are slowly learning more of the liquid and solid states of the elementary and compound bodies formerly known as permanent gases. According to the latest researches oxygen, when cooled to 136° C. (213° F.), liquefies to a colorless transparent liquid at the very moderate pressure of twenty-three atmospheres, or thereabouts. Nitrogen at the same temperature does not liquefy at a pressure of one hundred and fifty atmospheres, but yields a colorless liquid, with distinct meniscus, when the pressure is cautiously allowed to fall to a point not lower than fifty atmospheres. It is now well known that ozone, under quite moderate limits of pressure and temperature, is a liquid of intensely blue color, which gives a vapor which can only be compared in color with the brightest blue sky. In this condition ozone is a most potent body, decomposing with explosion upon slight provocation into common oxygen. Pure alcohol is a white solid at about 130° C. (202° F.). At a very slightly higher temperature it is viscous, like oil.

ON THE NATURE OF PURPURA.—Dr. Stephen Mackenzie thus concludes his paper in the British Medical Journal, September 1st:

The cases of purpura we see may be arranged into something like order, and we would suggest the following: (1) Vascular purpura; (2) toxic purpura; (3) mechanical purpura; (4) neurotic purpura.

Under the head of vascular purpura, I would place all cases in which there is some known or supposed primary blood disorder, so that this group would include the specific blood diseases; diseases in which the blood disorder seems primary or most important, as profound anemia, leucocythemia; conditions in which some constituent or constituents of blood are wanting, as scurvy; and conditions in which some constituent is present in excess, or superadded, as bile, urinary constituents, etc.

In the category of toxic purpura (drug-purpura), I would place all cases in which the purpura arises from adventitious matters entering the system, such as phosphorus, mercury, mineral acids, salicylic acid, quinine, iodides, venom. We do not know the exact mechanism by which the purpura is brought about in this group; but it is clearly advantageous, clinically, to keep them apart, though logically they may be said to belong to the hemic group.

Under the third variety, purpura from mechanical causes, we should place those

cases of purpura arising in connection with heart disease, a feeble circulation, from varicose veins or paroxysms of coughing, as in whooping-cough, from thrombosis of venous trunks, and, probably, senile purpura.

Into the last category, purpura of nervous origin would fall, the cases in which the nervous system is primarily at fault, and thus it would include cases of tabetic purpura, purpura in connection with neuralgia, and with disease of the nervous centers, purpura urticans, and neurotic eruptions (as herpes) becoming hemorrhagic.

This arrangement is, I am aware, by no means faultless, for it might be difficult to say in which category we should place certain cases; but some arrangement is useful in investigation, in the same way as we speak of dropsy being renal, cardiac, local, or due to hypalbuminosis. With increased knowledge, no doubt, a better classification could be devised.

MEAT.—The value of meat as a food is due in a degree to its heat-producing properties, though in this respect it is surpassed by fatty and amyloid substances. (Lancet.) It is as a tissue-building material, and as an excitant of assimilative changes in the tissue, both with regard to itself and to non-nitrogenous foods, that it is most useful. It is stimulant as well as nutritive, and it therefore holds a deservedly high place in the daily dietary. Experiment has shown that three quarters of a pound of lean meat fairly represents the quantity per diem which, taken with other less nitrogenous matter, suffices to maintain a person of average size and weight in a normal state of health. Some there are who largely exceed this standard, eating freely of meat at every meal, and living all the time quiet, sedentary lives. Such carnivorous feeders sooner or later pay a penalty by suffering attacks of gout or other disorders of indulgence. But it is equally important to note that many others, especially women, healthy in all points but for their innutrition, are apt to err as far on the other side. Thus one meets with people who consume about a pound of butcher's meat in a week, or not even that. This fact has been fully brought out by Dr. Graily Hewitt, in his address to the obstetrical section at the recent meeting of the British Medical Association. He has likewise with much probability assigned this defect of diet as the chief cause of that general "weakness" which is so common among the antecedents of uterine displacement. The experience of many practitioners will confirm his observation. Different causes are at work to produce this kind of underfeeding—too rigid domestic economy, theoretical prejudices, the fastidious disinclination for food which comes of a languid in-door life without sufficient bodily exercise, tight lacing perhaps, and many more. These difficulties are all more or less removable, unless, indeed, where absolute poverty forms the impediment. No effort should be spared to remove them. The advantages derived from a diet containing a fair amount of solid animal food could not be obtained from a purely vegetable or milk regimen without either unecessarily burdening the digestive system with much surplus material, or, on the other hand, requiring such revolutionary changes as to quantity and quality of food and times of eating as would probably altogether prevent its general adoption, even were that desirable, into household management. In our opinion, such changes are not desirable, as being inadequate to secure their purpose.

DR. JOHN WILLIAMS ON THE NATURAL HISTORY OF DYSMENORRHEA.—(1) Dysmenorrhea should be studied first, under the least complex conditions, in single women. (2) Dysmenorrhea in single women is rarely acquired; it is almost invariably primary, viz., it appears with the menstrual function. (3) Dysmenorrhea in a few but rare cases ceases spontaneously a few years after puberty. (4) Marriage, if sterile, aggravates the disorder in many cases; it is only very seldom that it relieves the pain. (5) Child-bearing cures a large number of cases, and it is not impossible that were all puerperal complications excluded it would cure every case. (6) The proportion of sterile to fertile women subjects of primary dysmenorrhea is one to twelve. (7) Menstruation begins in women who become sufferers from primary dysmenorrhea at about the estimated average age for the appearance of the function in London. (8) Menstruation is regular in about two thirds of the cases, and irregular in about one third. (9) The menstrual fluid is profuse in about two fifths of the cases, scanty in about one half. It contains clots or shreds in about three fourths. (10) The changes which take place in the fluid in the course of dysmenorrhea are various, and can not at present be classified. (11) The uterus is imperfectly developed. It may be too short, or too small in volume, or it may be defective in both respects. The cervix may be conical,

and the os small and round, but stricture of the canal in any part of its course is infinitely rare. (12) The changes in the uterus due to dysmenorrhea are a slight hypertrophy, erosion and eversion of the mucous membrane of the cervix, and catarrh. The cavity increases but little in length, for, after years of suffering, it measures rarely more than two and a half inches in length. In the early stages the tissues of the uterus are in some cases soft; in the more advanced, hard. (13) The hypertrophy of the uterus is probably the result of periodically increased muscular action. (14) Ovaritis and perimetritis are possible consequences of dysmenorrhea. (15) The menstrual pain is the result of spasm of the uterus, excited by the separation and expulsion of shreds of decidua and clots, in an organ whose sensitiveness in the performance of its function is enhanced by inappreciable conditions of tissue dependent on imperfect development, often associated with others, such as anemia.

Dr. Williams indorses the general opinion that the separation and expulsion of membrane in typical cases have a causal relation to the pain, chiefly by exciting spasm of the uterus, which in a few cases leads to its enlargement. Ovarian pain and inflammation are rare in his experience, and when they occur probably are consequences rather than causes of dysmenorrhea. Another very noticeable point in his conclusions is the infrequency of stricture of the cervix. The cervix may be conical and the os small and round, though in some cases the os is patulous, but stricture of the canal is infinitely rare.

The most striking fact in Dr. Williams investigations has reference to the important evidence of imperfect development of the uterus. His conclusion is expressed in No. 11 of the above series. He examined physically twenty-one of fifty cases under twenty years of age. In fifteen of these twenty-one cases the uterus was smaller than normal. Between twenty and twenty-five years there were sixty-two cases, of which forty were examined. In fourteen the uterus was of small size, in one very small; in one it was like a thick cord lying on the left side of the pelvis; in three it measured two inches only by the sound, but the body was no thicker than the cervix; in the remaining eight it was estimated by bimanual examination to be smaller than normal; and similarly, though less in the later quinquennial periods. In the later periods there is sometimes, as is said in the conclusions, a partial hypertrophy of the organ, the canal still often being of short length.

This observation of the imperfect development of the uterus is consistent with the fact that dysmenorrhea occurs more frequently in delicate and ill-exercised girls than in others. The whole drift of Dr. Williams's views is to pursue a constitutional and rational treatment of such cases rather than a mechanical one. But we content ourselves with directing this much attention to a very original and painstaking contribution toward the elucidation of a very difficult subject.—*Lancet.*

THE TEETH OF THE FUTURE.—In an able address, recently delivered, Mr. Spence Bate, F.R.S., has drawn attention to some remarkable features which it may be interesting and instructive to take into account. (Lancet.) In the teeth of the Esquimaux, the Red Indians, and the natives af Ashantee, as well as those found in the ancient barrows of England, the so-called interglobular spaces, seen so frequently in sections of modern teeth, appear not to exist; nor, indeed, are they to be detected in the dentine of the best developed structures of the modern European. Not only is the dentine getting deteriorated, but the enamel would seem likewise to be undergoing a modification, becoming too opaque. In addition to the histological changes, the external form and character of the teeth are sustaining an alteration. This seems to be in relation to an important feature in the history of their evolution. The tendency for the cranium to develop at the expense of the face and jaws is seen to occur as we ascend the scale of the vertebrated series of animals. Owing to this atrophy of the jaws, the proper space for the full play and development of the normal teeth would seem not to be available. At birth the bones are not sufficiently grown to receive the teeth in their normal arch; and, as in the human mouth the premaxillary bones are firmly united a short time after birth, it follows that the posterior part of the jaw is the only place where growth can occur. Any delay in the development and consolidation of the symphysis must have the effect of contracting the space required for the teeth at this site. In the course of vertebrate evolution there is a marked tendency for teeth to disappear. The lower vertebrates have four molars on each side in each jaw, the higher have three, while in man the number is reduced to two.

DIET IN DIABETES.—Professor Ebstein, of Göttingen, in the *Aerzlich. Vereinsblatt*, discusses at some length the subject of diet in diabetes. Cantani's method of treatment is based on the opinion that the excretion of sugar in diabetics mounts constantly in direct proportion to the quantity of food consumed, even if it be wholly composed of flesh. He promulgates this law, the patient should not eat too freely if he is to avoid excreting sugar, but at the same time he should not eat too little, lest he die of inanition. In the choice of food Cantani permits all kinds of flesh, and places no restrictions on the mode of preparation, but every particle of starch and sugar is forbidden, as well as butter, as it contains a trace of sugar of milk. In the way of fat he recommends olive-oil and all kinds of animal fats. He permits the largest possible quantities of the latter; to those who are thin, or whose digestive organs do not act normally, he recommends it pancreatized. M. Traube long ago demonstrated that diabetics actually digested the greater part of the fats consumed by them.

If the sugar does not disappear after the employment of a restricted exclusively meat diet—if loss of weight does not forbid—total abstinence from foods for periods of from twenty-four to thirty-six hours is to be enjoined, a similar fasting to be undergone eight to fourteen days afterward. The sugar then disappears. In cases in which total abstinence from food is not well borne, Cantani gives three portions of meat broth *pro die*, each prepared from four hundred grams of meat.

Ebstein himself considers the most important point in the whole therapeutics of diabetes to be the limiting as much as possible of the quantity of food consumed. The patient should, however, suffer from feelings of hunger as little as possible. Both these objects can be attained by allowing large quantities of fat—the more, the thinner and weaker the patient is. Such treatment is not contra-indicated even in diabetes occurring in obese patients, for, says the writer, "If the diabetic treatment be carried on with intelligence, even in the case of fat patients, the excretion of sugar in the urine and the obesity of the patient will be seen to disappear with simultaneous increase of capacity for labor and bodily strength." Along with fresh meat and fats of good quality, in the proportion of two to one, he gives cabbage, leguminous vegetables, coffee or tea (without milk or sugar), and at the most an average of one hundred grams of bread daily. Potatoes, sweets, and all kinds of starchy foods are absolutely excluded. He does not exclude butter, as Cantani does, as he does not, like him, fear its carbohydrates. He further recommends lard, fat, meat broths, or the marrow of bones. He has given up the substitutes for bread; the best of them he considers to be Seegen's improved Pavy's almond bread. He lays great stress on bodily movement and muscular activity. He has obtained good results from riding, but quite as good from muscular movements, such as massage, in which exertion on the part of the patient is avoided.— *The Medical Press.*

REMOVAL OF THE GALL-BLADDER.—At a recent meeting of the German surgical congress in Berlin, Dr. Langenbeck, of Berlin, showed a woman, aged thirty-four, from whom he had removed the gall-bladder. (The Medical Press.) The patient had suffered from gall stone for nine months; the gall-bladder was felt as a hard, prominent, sensitive tumor. On opening the abdomen, the gall-bladder was found to be hypertrophied and adherent to the neighboring tissues, and to contain a large number of stones, some of them adherent to the walls, and threatening perforation. The viscus was emptied by a Pravaz's syringe, and then easily detached behind the cystic duct; and the patient now looked well and blooming, although she had had a floating kidney removed in 1881.

THE CONVERSION OF MALIGNANT INTO BENIGN TUMORS.–Nussbaum expresses himself thus: "It appears to me that the proper method of treatment is to cut off absolutely all the peripheral nutrient supply in order to keep proliferation in check without destruction of the tissues. The most suitable method of doing this is to draw a deep trench around the neoplasm by means of the thermo-cautery. The vessels that spring from the base of the tumor prevent its dying; they nourish it sufficiently, so that the gangrene never takes place." The thermo-cautery is superior to the ligature formerly made use of by him. "I do not doubt," he says, "that this encircling of the tumor, this cutting off of all peripheral nutriment, has a future before it for those desperate cases in which hemorrhages threaten to prove fatal, and in which the exhausted condition of the patient does not admit of amputation being considered. At any rate, the

cutting off of the peripheral blood-supply leads to such surprisingly good results that I do not hesitate to recommend a trial of it."

TREATMENT OF SIMPLE CHANCRE BY HEAT. The Medical Press Paris correspondent writes: A member from Lyons read a communication on the treatment of simple chancre by heat. As the results of his experiments he was led to consider that the employment of an elevated temperature was an excellent means of annihilating the virus. The author recommended that a hip bath should be given between 104° and 107° and borne for several hours. He believed that this treatment would suffice to destroy the virus in twenty-four hours. In any case it was certainly the best treatment of phagedenism, and those chancres complicated with phimosis that no dressing can attain.

PROPER MODE OF REDUCING PARTIAL FORWARD DISLOCATION OF THE STERNO-CLAVICULAR JOINTS.—I wish to invite your attention to the particular features and treatment of a *partial* forward dislocation of the clavicle at its sternal extremity. I call it *partial*, as coinciding with the probable integrity of the costo-clavicular or rhomboid ligament, although in respect of the degree of displacement it may be fully as complete as any ordinary dislocation at this joint.

The costo-clavicular ligament is not a part of the proper articular apparatus of the sterno-clavicular joint, and yet its integrity or its rupture may very materially modify the indications in respect of the retentive means after a reduction of the dislocation. In order to reduce and retain the articular end of the clavicle in place, it is directed to carry the shoulder backward, and maintain it in that position by such an apparatus as is used for fractures of the bone. This is doubtless correct in all those cases in which the costo-clavicular ligament is torn, but I have seen two cases in which the act of carrying the shoulder backward greatly aggravated the forward displacement of the sternal end of the clavicle, and in which the dislocation could only be reduced by bringing the shoulder far forward; in other words, the clavicle moved exactly as it does in the normal mechanism of its movements —namely, as a lever of the first kind. The sternal end recedes as the shoulder comes forward, and *vice versa*. It is presumable that the fulcrum, during the execution of these normal movements, is at the costo-clavicular ligament, and that when this is completely torn up, the leverage action is destroyed. In such a case the whole bone would have to be carried backward in order to effect the return of the sternal end from its forward displacement; but if the fulcrum remains, then the shoulder has to be brought forward in order to carry the sternal end of the clavicle back into its proper place. Certainly this was found to be necessary in the two exceptional cases to which I have alluded.

That this is a more common occurrence than is supposed, I think exceedingly probable, for some writers, notably Bryant, speak of the difficulty of keeping the articular end of the clavicle in place after reduction without forcible pressure directly applied. I think it probable that in some of these cases the difficulty would have been lessened by advancing the shoulder.—*J. L. Cabell, M.D., in Phil. Med. News.*

SAND FOR SORES.—A writer in the London Practitioner remarks that the application of a specially prepared sand to granulating sores has been tried for some time with success, and that it possesses the advantage, since it absorbs the discharge, of seldom requiring removal, so that healing can proceed without interruption. This sand is prepared as follows: It is first heated to a temperature capable of destroying all organic particles; it is then soaked in a solution of one part of bichloride of mercury in one thousand parts of water; after this, the mixture is placed in bottles, and can be used as required. This mode of treating ulcers is, however, not new, the sandy earth of the termite ants having, it is well known, long been used for this purpose by the natives on the west coast of Africa. But whether this termite earth possesses any antiseptic properties derived from the white ants is an interesting question not yet decided.—*Med. Gazette.*

AMMONIACAL TRANSFORMATION OF THE URINE.—In a recent memoir (crowned by the commission on the Prix Civale), M. Guiard passes in review the different opinions held on this subject.

According to Pasteur and Von Tieghem, this species of fermentation is due to the presence of a mushroom or fungus similar to the torula cerevisiæ, which may act on the urine after its expulsion, or during its stay in the bladder to which the fermenting agent is introduced during catheterization.

According to Prof. Guyon, cystitis is the unique cause of ammonuria. M. Guiard himself regards the union of the two factors, fungus and cystitis, as indispensable for the production of lasting ammonuria; cystitis prepares the soil and the microbe determines the fermentation.

Ammonuria by itself is not of grave issue —it does not act in the causation of urinary abscess, cystitis, or nephritis, nevertheless the ammoniacal condition of the urine aggravates the prognosis in urinary infiltration and favors the production of phosphatic calculi.—*Medical and Surgical Reporter.*

DEPILATORIES.—A Depilatory, known by the Turkish name Rhusma (being employed by the voluptuous beauties in the harems, where etiquette demands complete nudeness of the body with the exception of the head, from which the hair is not removed), is composed of,

Quicklime,	50 parts;
Starch,	30 parts;
Orpiment,	5 parts.

This is converted into a paste with water, and spread over the hairy skin to the thickness of a sixteenth of an inch, and allowed to remain for ten minutes, when it is removed with a wet sponge. If allowed to remain too long, ugly sores are apt to follow.

CREMATION.—A new building, intended for the cremation of the dead, has been erected in the Campo Verano, in the neighborhood of Rome. It is divided into three parts—the hall, reserved for the relatives of the deceased, the furnace, and the catacombs. The increasing dread of infectious disease is expected to lead to a considerable increase in the practice of cremation in Rome.

SCIENTIFIC OBSERVERS.—We extract from the Medical News' report of the proceedings of the Medical Society of Virginia the following: Dr. Wm. Selden, of Norfolk, Va., gave the highest recommendation of chlorine water prepared according to Watson's Practice, 1st ed. He uses muriatic acid and chlorate of potash to make chlorine, and mixes one half dram to four ounces of water, giving one teaspoonful every half hour, followed by whisky toddy each time. *He had never seen a patient die who was under this treatment.* For a local application, he uses alum two drams, salicylic acid one dram, sulphur one dram, with enough glycerine to make the preparation of the consistency of honey. This local and systemic medication is the general Norfolk treatment.

Dr. Wm. H. Coggeshall, of Richmond, gave Reiter's theory of diphtheria, which is that the fibrin-destroying function of the liver is not fulfilled as it should be, and hence fibrin accumulates in the blood. Dr. Reiter gives twenty grains of calomel at once, and ten grains every hour until half an ounce is taken, and *claims to cure all cases of the disease.*

MILK.—Dr. James W. Allan, physician to the city of Glasgow Fever Hospital, says that there *may* be a more suitable diet than milk for fever patients, but it has not yet been discovered.

MARRIAGE OF FIRST COUSINS.—The Society of Friends in England has just repealed the prohibition of the marriage of first cousins, which has been in force in that body for nearly two hundred years.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from September 22, 1883, to September 29, 1883.

De Loffre, A. A., Captain and Assistant Surgeon, assigned to duty at Fort Niagara, N. Y. (Par. 5, S.O. 182, Dept. of the East, September 27, 1883.) *Havard, Valery*, Captain and Assistant Surgeon, assigned to temporary duty at post of San Antonio, Texas. (Par. 10, S.O. 120, Dept. of Texas, September 21, 1883.) *Reed, Walter*, Captain and Assistant Surgeon, relieved from duty at Fort Omaha, Neb., and assigned to duty as Post Surgeon, Fort Sidney, Neb. (Par. 5, S.O. 103, Dept. of the Platte, September 22, 1883.) *Shannon, W. C.*, Captain and Assistant Surgeon, assigned to duty at Fort Bridger, Wyoming. (Par. 3, S.O. 102, Dept. of the Platte, September 29, 1883.) *Appel, A. H.*, First Lieutenant and Assistant Surgeon, assigned to temporary duty at Fort Warren, Mass. (Par. 5, S.O. 181, Dept. of the East, September 25, 1883.) *Carter, W. F.*, First Lieutenant and Assistant Surgeon, assigned to temporary duty at Washington Barracks, D.C. (Par. 5, S.O. 182, Dept. of the East, September 27, 1883.) *Richard, Charles*, First Lieutenant and Assistant Surgeon, relieved from further duty at Creedmoor, N.Y., to return to his proper station, Fort Adams, R.I. (Par. 1, S.O. 180, Dept. of the East, September 24, 1883.) *Richard, Charles*, First Lieutenant and Assistant Surgeon, granted leave of absence for two months, with permission to apply for extension of two months. (Par. 1, S.O. 49, Mil. Div. of the Atlantic, September 25, 1883.) *Wakeman, William J.*, First Lieutenant and Assistant Surgeon, relieved from temporary duty at Fort Sidney, Neb., to rejoin his proper station at Fort D.A. Russell, Wyoming. (Par. 5. S.O. 103, Dept. of Platte, September 22, 1883.)